


RESENTING CLINICAL SIGNS

History: Recheck degenerative valve disease. Worsening cough. Receiving pimobendan 2.5 mg BID and enalapril 5 mg SID.

DATE

4/14/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sands Hill MVU

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is moderate to severe left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. A severe jet of eccentric mitral regurgitation is present. There is moderate to severe left ventricular dilation. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of mild pulmonary hypertension (PG 34 mmHg). The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

PATIENT

Shelby Randall

SPECIES

Canine

LA - 46.4 mm
LVIDd - 44.4 mm
LVIDs - 24.6 mm
FS - 44.6%
RA - 22.5 mm
LVOT - 1.67 m/s
RVOT - 0.78 m/s
TR - 2.92 m/s

ASSESSMENT/RECOMMENDATIONS
BREED

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

Shetland Sheepdog

SEX

FS

This examination demonstrates progression of Shelby's mitral valve disease over the past 7 months, as she now has severe mitral regurgitation present, with moderate to severe secondary dilation of both her left atrium and left ventricle, as well as mild secondary pulmonary hypertension. Given this, it's likely that mainstem bronchial compression is contributing to Shelby's cough, though thoracic radiographs are recommended for further evaluation. Shelby is also at relatively high risk for the development of exercise intolerance, syncope, and/or labored breathing, therefore, careful monitoring for these is recommended.

AGE

10 y

Also seen in this exam is mild regurgitation of blood across Shelby's tricuspid valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation appears to be mild, and Shelby's tricuspid valve disease appears to be well-compensated.

WEIGHT

30 lb

I recommend increasing Shelby's pimobendan dose to 5 mg am, 2.5 mg pm and increasing her enalapril dose to 5 mg BID, as well as starting her on furosemide (12.5 mg BID), as this should improve any cardiogenic component of her cough, as well as slow the progression of her mitral valve. Should Shelby's cough persist, a cough suppressant, such as hydrocodone, may be given.

HOSPITAL NAME

Surf City PH

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months.

REFERRING VET

Dr. Jenkins



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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Shelby Randall

Keith Blass, DVM, MS, DACVIM (Cardiology)
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